WILLMAR POLICE DEPARTMENT WAIVER OF LIABILITY

For and in consideration of the undersigned being given the opportunity of observing police operations and functions of the Willmar Police Department by riding in a vehicle operated by members of the Willmar Police Department and any and all other means of observations whatsoever, the undersigned, in order to avail himself/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby releases the City of Willmar, its officials, officers, and all other personnel of the City of Willmar, from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his/her heirs, dependents, and assigns may sustain in and about any police vehicle or in any other way during the course of the observation and studies by the undersigned of the operations and functions of the Willmar Police Department.

IN WITNESS WHEREOF and, at Willmar, Minnesota, this _				
Name:				ex: M F
First	Middle	L	₋ast	
Date of Birth:	Age:	Telephone N	Number:	
Address:				
Street		City	State	Zip Code
Driver's License No			State:	
Reason for requesting to ride	:			
If yes, do you intend to o WPD discourages the car Signature:	rying of firearms dur	ing a ride along (d	officer's discretio	n to allow it).
Parent or Guardian Signature *NOTE: The signature of a eighteen (18) years.	*: parent or guardian is re	equired for those gu	uests or observers	under the age of
Date(s) Requested: 1	2		3	(3 weeks out)
Day Shift Hours Requested (6	5 a.m. to 6 p.m.):			(maximum of 6 hours)
Night Shift Hours Requested	(6 p.m. to 6 a.m.):			_ (maximum of 6 hours)
Supervisor:	 			
Actual Date Participated:		Hours:	0	fficer:

CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information, which you are asked to provide on the Waiver of Liability form, is considered private data: 1. Name, 2. Home Address, 3. Home phone number, 4. Date of Birth, 5. Age.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required; to check records to determine if you meet the criteria to ride with a police officer.

The data supplied by you may be used for such other purposes as may be determined to be necessary resulting from your riding with a police officer from the City of Willmar.

REFUSAL TO SUPPLY REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION TO RIDE WITH A POLICE OFFICER MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in City Government who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.				
Date:	Signature of Applicant			
(To be completed by Willmar Police Department Supervis	sing Officer)			
Records Check List:				
 □ Criminal History – Records or Dispatch □ DL/Warrant Check – Records or Dispatch on CJIS □ QPC – Permit to Carry Check □ Local Records Check □ Participant's Jurisdiction Local Records Check 	tab			
Records Check By:	Date:			
Records Clear: ☐ Yes ☐ No				

Denied: □

Reason:

Approved: □